

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	2					
5	1					
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TOTAL IND.	2					
TOTAL DEP.	5					
TOTAL CLAIMS	7					

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IND.	DEP.	IND.
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TOTAL IND.		
TOTAL DEP.		
TOTAL CLAIMS		